

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT					
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	
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TOTAL IND.	2							TOTAL IND.		
TOTAL DEP.	10							TOTAL DEP.		
TOTAL CLAIMS	12							TOTAL CLAIMS		